

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: Pharmacists
Managed Care Plans

**Memorandum No. 05-04 MAA
Issued: February 3, 2005**

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration

For further information, go to:
<http://maa.dshs.wa.gov/pharmacy/>

Subject: Prescription Drug Program: Maximum Allowable Cost Update

Effective for dates of service listed in this memorandum, the Medical Assistance Administration (MAA) will implement the following changes to the Prescription Drug Program:

1. New additions to the Maximum Allowable Cost (MAC) list;
2. Adjustments to existing MACs; and
3. Deletions from the MAC list.

1. MAC Additions:

Generic Name	Strength	Form	MAC Effective 01/01/05
ANTI-INHIBITOR COAGULANT COMP (NDC 64193-0222-03 ONLY)	400-650U	VIAL	\$1.13000

Generic Name	Strength	Form	MAC Effective 03/01/05
BUPROPION HCL	200MG	TABLET SA	\$2.37090
CARBOXYMETHYLCELLULOSE SODIUM (30ML SIZE ONLY)	0.5%	DROPS	\$0.32000
GABAPENTIN	600MG	TABLET	\$1.47000
GABAPENTIN	800MG	TABLET	\$1.82270
GLIPIZIDE	2.5MG	TAB SR OSM	\$0.30920
GLIPIZIDE	5MG	TAB SR OSM	\$0.27290
GLIPIZIDE	10MG	TAB SR OSM	\$0.53780
MIDODRINE HCL	2.5MG	TABLET	\$0.88300
MIDODRINE HCL	5MG	TABLET	\$1.59000
MIDODRINE HCL	10MG	TABLET	\$2.81000

2. MAC Adjustments:

Generic Name	Strength	Form	MAC Effective 11/02/04
ANTIHEMOPHILIC FACTOR, HUM REC (NDC 58394-0007-02 ONLY)	250(+/-)U	KIT	\$0.86007
ANTIHEMOPHILIC FACTOR, HUM REC (NDC 58394-0006-02 ONLY)	500(+/-)U	KIT	\$0.86007
ANTIHEMOPHILIC FACTOR, HUM REC (NDC 58394-0005-02 ONLY)	1000(+/-)U	KIT	\$0.86007
ANTIHEMOPHILIC FACTOR, HUM REC (NDC 58394-0011-02 ONLY)	2000(+/-)U	KIT	\$0.86007

Generic Name	Strength	Form	MAC Effective 12/01/04
HUMAN INSULIN NPH/REGULAR	70-30U/ML	VIAL	\$2.67000
INSULIN REGULAR HUMAN REC	100U/ML	VIAL	\$2.67000
INSULIN NPH HUMAN RECOM	100U/ML	VIAL	\$2.67000

Generic Name	Strength	Form	MAC Effective 01/01/05
ANTI-INHIBITOR COAGULANT COMP (NDC 64193-0222-04 ONLY)	651-1200U	VIAL	\$1.13000

Generic Name	Strength	Form	MAC Effective 03/01/05
ACEBUTOLOL HCL	200MG	CAPSULE	\$0.16650
ACEBUTOLOL HCL	400MG	CAPSULE	\$0.26972
NADOLOL	20MG	TABLET	\$0.08550
NADOLOL	40MG	TABLET	\$0.11060
NADOLOL	80MG	TABLET	\$0.18230
NADOLOL	120MG	TABLET	\$0.34160
NADOLOL	160MG	TABLET	\$0.39000

Generic Name	Strength	Form	MAC Effective 03/01/05
OXYCODONE HCL	5MG	CAPSULE	\$0.12840
OXYCODONE HCL	5MG	TABLET	\$0.14550
PRAZOSIN HCL	1MG	CAPSULE	\$0.12000
PRAZOSIN HCL	2MG	CAPSULE	\$0.24000
PRAZOSIN HCL	5MG	CAPSULE	\$0.38640

3. MAC Deletions:

Generic Name	Strength	Form	MAC Effective 03/01/05
CARBOXYMETHYLCELLULOSE SODIUM (15ML SIZE ONLY)	0.5%	DROPS	\$0.00000
HOMATROPINE HBR	5%	DROPS	\$0.00000

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